IMPROVEMENTS IN SOCIAL COHESION: DO THEY MATTER FOR PHYSICAL ACTIVITY

doi:10.1136/jech.2011.142976.g40

1B Jongeneel,* 1W Busschers, 1D Droomers, 1K Stronks, 1A Kunst. 1Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands; 2Centre for Prevention and Health Services Research, National Institute for Public Health and the Environment, Bilthoven, The Netherlands

Introduction Much research exists on the relationship between environmental factors and physical activity (PA). However, few studies have investigated the role of social cohesion in neighbourhoods. The aim of this study was to assess the extent to which social cohesion and changes over time in the levels of social cohesion were associated with PA.

Methods We used data from the survey WoonOnderzoek Nederland 2006 and 2009, using two samples of 57092 Dutch adults. Using multi-level hurdle negative Binomial models, we assessed if the odds for being physically inactive and the mean hours of PA among people who are physically active were related to levels of social cohesion at neighbourhood level, and changes in social cohesion between 2006 and 2009. Next, we examined if these associations varied according to sex, age, and economic activity.

Results In areas with higher levels of social cohesion compared to areas with less social cohesion, more people were physically active. In addition, generally social cohesion was not associated with the amount of PA. Improvements in social cohesion between 2006 and 2009 were not strongly related to changes over time in the levels of social cohesion and increased with the amount of PA among the people being physically active.

Conclusion Social cohesion is related to physical (in)activity. However, improvements in social cohesion were not strongly related to physical (in)activity. This raises question on the causality of the relationships that are observed in cross-sectional analyses. Enhancing social cohesion in neighbourhoods may have limited influence on population levels of physical activity.

BREASTFEEDING PRACTICES IN INDIA: A SURVIVAL ANALYSIS

doi:10.1136/jech.2011.142976.g42

S Kansal.* Banaras Hindu University, Varanasi, India

Introduction The single most cost effective intervention to reduce infant mortality in developing countries would be by promoting exclusive breastfeeding. Breastfeeding should be initiated immediately after child birth and should be continued exclusively up to a maximum of 6 months. In India where a majority of the population has a low income and poor education, the need for breastfeeding represents the effective way of giving child a fair chance of survival and good health. The objective of the present study was to describe the association between exclusive breastfeeding and socio-economic demographic & cultural variables.

Methods The data for the study was taken from nationwide District Level Health Survey-3 (DLHS-3) conducted in 2007–2008. The statistical tests used were Kaplan-Meier survival curves & Cox proportional hazard model.

Results The mean duration of exclusive breastfeeding in India was found 3.31 months (95% CI 3.08 to 3.15) while it was found almost 4.15 months (4.03 to 4.28) in low infant mortality states in southern India compared to 1.5 months (1.45 to 1.54) in high infant mortality states in northern India. The analysis showed that no maternal education (p<0.001), being an unemployed mother (p<0.001), and Muslims (p<0.001) were important associations of early cessation of exclusive breastfeeding.

Conclusion The study showed that survival status of the child had a significant impact on the duration of exclusive breastfeeding. Also it was found that the time of initiation of breastfeeding after birth was an important determinant for total duration of exclusive breastfeeding.

TRENDS OF VASCULAR SURGERY IN SCOTLAND 1991–2007

doi:10.1136/jech.2011.142976.g43

1,2K Karim,* 2J Lewsey, 2S Inglis. 1Iraqi Centre for Heart Diseases, Baghdad, Iraq; 2University of Glasgow, Glasgow, UK

Objective To understand trends of vascular interventions and changes in provision of vascular surgery.

Design A retrospective, descriptive, population-based study using hospital discharge data.


Chief outcome measures Time trends in patient demographics and age and sex-specific population rates of these procedures.

Results In Scotland, between 1991 and 2007, a total of 153 117 vascular procedures of interest were performed. The proportion of men who underwent these procedures was higher than the proportion of women. The mean age of individuals who underwent amputation and lumbar sympathectomy decreased significantly over the period under review (p<0.001). In contrast, the mean age of individuals who underwent diagnostic endovascular procedures and therapeutic endovascular procedures increased significantly (p<0.001). However, the mean age of individuals who underwent...